

Licensed Subcommittee Recommendations

Prologue - Current and Emerging Issues

As a result of increasing difficulty recruiting and retaining staff in hospitals, national and international experts have examined the demand for qualified licensed professional staff as well as some of the factors that may contribute to this difficulty. Debate will likely continue on the various facets of recruiting and retention, including whether or not there is a shortage. However, a few themes are enduring:

- Access and availability of basic education for entry into licensed practice¹,
- Availability of qualified candidates for key practice roles (nursing, pharmacy, psychiatry, psychology, social work)²,
- Availability of qualified candidates for specialty roles (public mental health, mental retardation and substance abuse treatment settings, dually diagnosed individuals, and age-specific settings)³,
- Aging of the workforce,
- Short tenure (less than 10 years for nursing) of the current workforce,
- Increasingly physically and mentally demanding work settings,
- An increasingly competitive market for those candidates who are qualified.

In December 2001, the DMHMRSAS and the VACSB hosted a workforce conference, where leaders in the analysis of workforce development presented the salient issues. The debate on shortage will most certainly continue, however there are immediate and designated shortage areas⁴. The Bureau of Primary Health Care has listed as designated mental health professional shortage areas⁵.

¹ Department of Health Professions, 2001, Nursing Workforce Survey. 24.9% of practicing nurses report the ADN or equivalent as their first type of nursing education completed.

² AHA Special Workforce Study, 1999 - reports that up to 168,000 hospital positions [nursing] are unfilled today. While a problem in rural and urban areas, rural hospitals have a larger percent unfilled positions for most positions. 75% of hospitals report more difficulty in recruiting nurses than last year and affects access to care.

³ Department of Health Professions, 2001, Nursing Workforce Survey. 4.8% of the practicing nurses are in psychiatric nursing or mental health. 4.2% are in community or public health.

⁴ Congressional Research Services, Report to Congress: A Shortage of Registered Nurses: Is it on the horizon or is it here? May 18, 2001.

⁵ Reference Health Resources and Services Administration at <http://www.bphc.hrsa.dhhs.gov/databases/newhpsa/newhpsa.cfm>

In Virginia there are:

- 3 counties,
- 2 mental health facilities,
- 12 geographic areas,
- 3 populations tracts.

In addition, qualified candidates may select other work settings that are less demanding or more professionally/career satisfying.^{6,7} Employee satisfaction has direct and positive correlations with recruitment and retention AND profitability.^{8,9} To guide actionable strategies to address further understanding as well as the resolution, the following four priorities are offered.

Priorities:

1. Assess the status of the work force and collect suggestions on strategies to address the current needs and future needs.
2. Identify difficult to recruit employment classes and allow flexibility in benefit plans.
3. Refine and develop new strategies that utilize the work environment as a method of retention.
4. Increase visibility of PMH as valued employers and places to work.

Goals:

1. Establish and promote a public mental health, mental retardation and substance abuse agencies are “employers of choice.”
2. Increase the accessibility of basic education as the first step in a career path.
3. Promote longevity through career opportunity.

Action Steps

1. Use existing strategies to address difficult to recruit and retain licensed job classifications.
 - 1.1. Work with Inspector General in promotion of the Gilmore Scholars.
 - 1.2. Implement interagency agreements similar to models currently in place.Examples:

⁶ AONE Talking Points on Health Affairs Study of Nurses' Perception of Their Workplace and Care, May 2001.

⁷ Department of Health Professions, Workforce Survey 2001.

⁸ The Nursing Shortage Puzzle: Does your organization have all the pieces? Solving the Nursing Shortage, JCAHO May 2002, Washington DC.

⁹ In Our Hands. AHA Commission on Workforce for Hospitals and Health Systems, April 2002.

- 1.2.1. Healthcare Workforce Center Advisory Council, made up of members of the (Health E-news Plus, Ohio Hospital Association, March 4, 2002)
 - 1.2.2. Philadelphia – Expansion of health care workforce <http://www.dvhc.org>
 - 1.2.3. Johnson and Johnson – Student Nursing Association
<http://www.discovernursing.com/>
 - 1.2.4. Army PaYS <http://www.armypays.com/>
- 1.3. Generate interagency agreements on workforce development:
 - 1.3.1.1. Virginia Employment Commission – to participate on “swat” approaches to key roles or position vacancies.
 - 1.3.1.2. Virginia Resource Commission
 - 1.3.1.2.1. Competency development
 - 1.3.1.2.2. Shared resources
2. Conduct an assessment of the clinical need and demand.
 - 2.1. Develop and implement a partnership with the Department of Health Professions regarding workforce analysis.
 - 2.2. Implement an employee satisfaction survey
 - 2.3. Conduct a work analysis to examine the match of professional services to the work demands (e.g. acuity system)
3. Establish an departmental level task force to oversee the implementation and monitoring system for difficult to recruit positions; health professional shortages and critical vacancies
 - 3.1. Establish an ad hoc team to evaluate and make recommendations when positions exceed triggers, such as the length of time a key position is vacant.
 - 3.2. Evaluate and implement strategies that support an aging workforce continuing in direct care activities.
 - 3.3. Develop and maintain a consistent source of workforce data
 - 3.4. Evaluate best practices for recruitment and retention
4. Implement programs to create “*an employer of choice.*”
 - 4.1. Earn designation as magnet facilities/employers by understanding and managing the driving forces in recruitment and retention:
 - 4.1.1. Seek federal grants to support magnet designation,
 - 4.1.2. Enhance the image of the employer and behavioral health through a concerted marketing plan that speaks to both the benefits of the employer as well as the mission on the behavioral health system
 - 4.1.3. Promote employee participation in achieving the mission,
 - 4.1.4. Promote employee recognition
 - 4.1.5. Support the supervisory – staff relationship through management development programs
 - 4.2. Promote the concept of career choice:
 - 4.2.1. Seek grants from Robert Wood Johnson, Johnson and Johnson, and federal funds (example, Nurse Reinvestment)
 - 4.2.2. Increase accessibility to certification in sub-specialties, such as forensic sciences

- 4.2.3. Advancement through education – college and university liaisons
 - 4.2.3.1. Tuition reimbursement
 - 4.2.3.2. Use of staff as adjunct faculty, on site programs
 - 4.2.3.3. Target increased enrollment in basic practice requirements (ADN, medical schools, master's in psychology)
- 4.3. Promote excellence in practice and professional match
 - 4.3.1. Teleconferencing capability
 - 4.3.2. Reward continuing education and competency programs
 - 4.3.3. Clinical protocols
 - 4.3.4. Peer evaluation systems
 - 4.3.5. Networking with other best practice sites
 - 4.3.6. Establish best practice teams (across disabilities)

Respectfully submitted,
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